

**Arizona Department Of Education
Child And Adult Care Food Program Center Sponsor Application
Fiscal Year 2003**

CTD#	Sponsor Name	Fiscal Year 2003
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Sponsor Representative

Name _____

Title _____

E-Mail Address _____

Telephone (____) _____ Fax (____) _____

Receive System E-Mail? ☐ YES ☐ NO

Record Keeper

Name _____

Title _____

E-Mail Address _____

Telephone (____) _____ Fax (____) _____

Receive System E-Mail? ☐ YES ☐ NO

Physical Address

City & State _____ Zip Code _____

☐ Mailing Address is the same as Physical Address

Mailing Address (if different)

City & State _____ Zip Code _____

General Information

Type of sponsoring authority:

- ☐ Public
- ☐ Private Non-Profit
- ☐ Private For-Profit

Pricing Policy:

- ☐ Pricing
- ☐ Non-Pricing

Computer Generated Meal Counts

- ☐ Used at all sites
- ☐ Used at some sites
- ☐ Not used at this time

Projected Annual Income

Non-CACFP Income	\$	per year
CACFP Income	\$	per year
Value of Cash/Non-Cash Donations	\$	per year
Value of Excess Meals Served to Personnel	\$	per year

Projected Annual CACFP Expenses

Salaries	\$	per year
Benefits	\$	per year
Staff Training	\$	per year
Food	\$	per year
Supplies	\$	per year
Rent or Mortgage	\$	per year
Contracted Services	\$	per year
Communication and Utilities	\$	per year

Advance Funds Requested? ☐ YES ☐ NO

I certify that the information on this application is true to the best of my knowledge. I agree to the terms and conditions as defined in the Food Service Agreement and understand that this information is being given in connection with Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.

Date

Printed Name of Authorized Signer

Authorized Signature